

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029677

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7856

STATE FILE NUMBER

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

City of St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in lb

11-19-62 to

7-31-63

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Frisco Employees' Hospital Assn.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Charles

c. CITY

Wentzville

OR TOWN

Wentzville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rural Route 1

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Allen

Middle

Kennedy

Last

Balston

4. DATE OF DEATH

Month

July

Day

31

Year

1963

5. SEX

Male

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/25/1901

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Frisco R.R.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

George Balston

13b. MOTHER'S MAIDEN NAME

Almeda Wilson

14. NAME OF HUSBAND OR WIFE

Mildred (Wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mildred Balston, Wentzville, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pharynx. Roof of Mouth with
MestatasiesINTERVAL BETWEEN
ONSET AND DEATH

7-25-61

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-25-61 to 7-31-63 and last saw her alive on
Death occurred at 12:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title M.D.)

22b. ADDRESS

4960 Laclede Ave.,
St. Louis 8, Mo.

22c. DATE SIGNED

7-31-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8-2-63

23c. NAME OF CEMETERY OR CREMATORY

Linn Cemetery

23d. LOCATION (City, town, or county)

Wentzville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

T.E. Pitman Funeral Home, Wentzville, Mo.

25. DATE RECD. BY LOCAL REG.

AUG 1 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 09201

3

4 0

5 1

6

7 0

8 1

9

10

11

12 620

13

62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jam Binsley

Licensed Embalmer No. 3453

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.